

 <p>(to be used for all correspondence after initial filing)</p>	Application Number		10/816,588
	Filing Date		March 31, 2004
	First Named Inventor		Moser, Michael A.
	Art Unit		2837
	Examiner Name		Erick David Glass
	Attorney Docket Number		16869Q-084600US
Total Number of Pages in This Submission		23	

ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC	
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information	
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Return Postcard	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____		
	<input type="checkbox"/> Landscape Table on CD		
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.		
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application			
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature	<i>David Slone</i>		
Printed name	David N. Slone		
Date	April 4, 2006	Reg. No.	28,572

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature	<i>Matilde C. Garza</i>		
Typed or printed name	Matilde C. Garza	Date	April 4, 2006

APR 07 2006

PTO/SB/17 (01-06)

Ifw

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 400)

Complete if Known

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METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

	Small Entity
Fee (\$)	Fee (\$)
50	25
200	100
360	180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

26 -20 or HP = 0 x \$50 = \$0

Multiple Dependent Claims

Fee (\$)

Fee Paid (\$)

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

8 -3 or HP = 2 x \$200 = \$400

HP = highest number of total claims paid for, if greater than 20

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

SUBMITTED BY

Signature	David Slone	Registration No. (Attorney/Agent)	28,572	Telephone	650-326-2400
Name (Print/Type)	David N. Slone	Date	April 4, 2006		



PATENT
Attorney Docket No.: 16869Q-084600US
Client Ref. No.: HSJ920030124US1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

MICHAEL A. MOSER et al.

Application No.: 10/816,588

Filed: March 31, 2004

For: MOTOR DRIVE CIRCUITRY
WITH REGENERATIVE BRAKING
FOR DISK DRIVE

Customer No.: 49528

Confirmation No. 8426

Examiner: Erick David Glass

Technology Center/Art Unit: 2837

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed January 11, 2006, please enter the following amendments and remarks:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Abstract begin on page 5 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 6 of this paper.

Remarks/Arguments begin on page 15 of this paper.

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